

<b>Case Number:</b>	CM15-0106826		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 40-year-old who has filed a claim for chronic low back, knee, neck, and head pain reportedly associated with an industrial injury of March 15, 2013. In a utilization review report dated May 22, 2015, the claims administrator failed to approve requests for plain film and MRI imaging of the knee. The claims administrator referenced progress notes and RFA forms of March 4, 2015 and March 26, 2015 in its determination. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported ongoing complaints of bilateral knee pain. The applicant stated that her right knee was giving out from time to time. The applicant also reported diffuse left knee pain with ancillary complaints of headaches, neck pain, and chronic low back pain. The attending provider endorsed referral of the applicant to a spine specialist to evaluate further treatment options involving the lumbar spine. The attending provider noted that the applicant had tenderness about the medial and lateral joint lines of the left knee with negative Lachman and anterior drawer testing. Some other positive provocative testings were reported. The attending provider suggested that the applicant undergo x-rays of the left knee and MRI imaging of the left knee to "rule out" internal derangement. It was not clearly stated how the studies would influence or alter the treatment plan. A rather proscriptive 10-pound lifting limitation was endorsed. It was suggested that the applicant was not working with said limitation in place. On April 23, 2015, the applicant consulted a pain management physician reporting ongoing complaints of low back, left leg, and bilateral knee pain, highly variable, sometimes as high as 9/10. The applicant had had earlier left knee MRI imaging of July 14, 2013 demonstrating a possible lateral meniscus tear and thinning of the patellar cartilage.

Tramadol, Naprosyn, Prilosec, and Dendracin were endorsed. The applicant was placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**X-ray of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

**Decision rationale:** No, the request for x-ray imaging of the knee is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347, the routine usage of radiographic film of the knee for most knee injury complaints or injuries is deemed "not recommended." Here, the requesting provider did not clearly state why knee x-ray imaging was sought when the applicant had already had previous knee MRI imaging dated July 14, 2013 which did apparently demonstrate lateral meniscal tearing and patellar cartilage thinning suggestive of knee arthritis. Thus, the applicant already carried established diagnoses of knee arthritis and lateral meniscal derangement. It was not stated how (or if) the proposed repeat knee x-ray would influence or alter the treatment plan. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the same, for instance. Therefore, the request is not medically necessary.

**MRI (Magnetic Resonance Imaging) of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

**Decision rationale:** Similarly, the request for MRI imaging of the left knee is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that knee MRI imaging can be employed to confirm a diagnosis of meniscus tear, as was apparently present here, ACOEM qualifies its position by noting that such testing is indicated only if surgery is being considered. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the knee, per reports of April 23, 2015 and April 27, 2015, referenced above. The applicant, moreover, already had an established, known diagnosis of lateral meniscal tear. It did not appear, however, the applicant was intent on moving forward with any kind of surgical intervention for the same. Therefore, the request is not medically necessary.

